



Congregation Kehillah 2024/25 - 5784/85 New Member Form

We welcome you to a wonderful year of High Holy Days, Kabbalat Shabbatot, Torah Talk, Youth and Adult Education, spiritual growth, joy, connection, and festivities with Rabbi Bonnie Sharfman and our Kehillah!

Last name _____

Address _____

City _____ State _____ Zip _____

Member #1 first name _____

Hebrew name _____

Email _____ Cell (____) _____

Date of Birth ____/____/____ Occupation _____

Member #2 first name (if applicable) _____

Hebrew name _____

Email _____ Cell (____) _____

Date of Birth ____/____/____ Occupation _____

Home phone (____) _____ Check box if no home phone

Marital status M S D W Anniversary Date (if applicable) ____/____/____

Emergency contact Name _____

Relationship _____ Cell number (____) _____

How did you hear about us? _____

Primary reasons for joining Congregation Kehillah? _____

Previous synagogue affiliation _____

Special talents, skills, and interests _____

Please also fill out the other side

Children (college age and younger)

Child name _____ F M

Hebrew name _____ Date of Birth ___/___/___

Email _____ Cell (____) _____

Child name _____ F M

Hebrew name _____ Date of Birth ___/___/___

Email _____ Cell (____) _____

Child name _____ F M

Hebrew name _____ Date of Birth ___/___/___

Email _____ Cell (____) _____

Child name _____ F M

Hebrew name _____ Date of Birth ___/___/___

Email _____ Cell (____) _____

Yahrzeit Information

Name _____ F M

Date of Death ___/___/___ Before Sunset After Sunset Relationship _____

Name _____ F M

Date of Death ___/___/___ Before Sunset After Sunset Relationship _____

Name _____ F M

Date of Death ___/___/___ Before Sunset After Sunset Relationship _____

Name _____ F M

Date of Death ___/___/___ Before Sunset After Sunset Relationship _____

Community Involvement

Member #1

- Adult Education
- Social Action
- Book Group
- Torah Talk
- Leadership
- Volunteer
- Read/Chant Torah
- YEP!

Member #2

- Adult Education
- Social Action
- Book Group
- Torah Talk
- Leadership
- Volunteer
- Read/Chant Torah
- YEP!

Basic Membership

- | | |
|--|--------|
| <input type="checkbox"/> Family (Two or more living in the same household; adults and/or children) | \$2600 |
| <input type="checkbox"/> Individual | \$1400 |
| <input type="checkbox"/> *CKYA Couple (Up to age 36, no children in YEP!) | \$ 540 |
| <input type="checkbox"/> *CKYA Individual (Up to age 36, no children in YEP!) | \$ 360 |

The above fees include a Security Fee to help pay for security for all Congregation Kehillah onsite events including services and YEP!

Your membership runs from July 1, 2024 – June 30, 2025
and includes High Holy Day Tickets and YEP! for those with school age children.

*Congregation Kehillah Young Adults (CYKA) is an effort to give “post college pre family” young adults a synagogue to belong to and a community to join of like-minded peers.

No one is turned away due to financial hardship that precludes the ability to meet full dues commitments – we welcome you with open arms regardless of your financial situation!

You are welcome to contact us to discuss your individual situation and make special arrangements: (602) 369-7667 or info@congregationkehillah.org. All conversations are strictly confidential.

Kehillah Community Supporters (KCS)

Please consider becoming a KCS member, by checking one of the three categories listed below. We thank you for your support.

Kehillah Community Supporters (KCS) represent the financial pillars of our Kehillah (community), contributing beyond their basic membership commitment, helping to ensure our financial stability, safeguard our ability to retain staff, add additional clergy and staff as the need increases, and allow us to continue to deliver the high quality of care, programming, and services that you have come to know with Congregation Kehillah.

In addition, KCS helps to make certain that those who face financial challenges can still be members of our community, and those with children are able to raise them at Congregation Kehillah.

- | | |
|---|--------|
| <input type="checkbox"/> <i>Malach</i> (Angel) | \$3600 |
| <input type="checkbox"/> <i>Manhig</i> (Leader) | \$3280 |
| <input type="checkbox"/> <i>Shomer</i> (Guardian) | \$2960 |

Your basic Membership Dues and Security Fee are included within the KCS program.

Please return this form with your check by July 15, 2024 or choose another option on page 4.

Congregation Kehillah, 21001 N Tatum Blvd, Ste 1630, #439, Phoenix, AZ 85050

Payment Options

Last name _____

Member #1 first name _____

Member #2 first name (if applicable) _____

- I/We are paying the full dues amount now. Payment is enclosed.
- I/We choose to pay our dues half now and the second half by December 31, 2024. The first payment is enclosed.
- I/We choose to pay our dues quarterly beginning on July 15, 2024 and payments due on October 15, 2024; January 15 and April 15, 2025. The first payment is enclosed.
- I/We choose to pay through the secure website, www.congregationkehillah.org, and understand that I/we will be charged an extra 3% to defray the credit card fees charged to Congregation Kehillah.

Signature _____

Date ___ / ___ / _____

- By checking this box, we give Congregation Kehillah permission to use our photographs, videos, and testimonials in promotional, marketing, program materials, and social media.**
- Please DO NOT use our photographs, videos, or testimonials.**

For Office Use Only

Membership type _____

Date Payment Rec'd _____

Amount Paid _____

Paid by Check # _____

Paid by Credit Card **MC** **Visa** **Amex**